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COMPTONIA ASPLENIFOLIA. SWEET FERN.—A REMEDY FOR THE
TÆNIA.

[Communicated for the Boston Medical and Surgical Journal.]

THIS is an indigenous shrub, from two to four feet high, growing in a shallow soil, in rocky situations, throughout the northern and southern States. Its generic name was given it by Dr. Solander, in honor of the Right Rev. Lord Bishop Henry Compton, of London, a distinguished cultivator of exotics. It is placed in class 19, order 3, of Eaton—50th natural order of Linnæus (amentaceæ), and 99th division of Jussieu's Natural Taxonomy.

Botanical Description.—Male flowers, ament cylindric; with calyx-scales 1-flowered; corol 2-petalled or without petals; filaments forked. Female flowers, spike ovate; calyx-like corol 6-petalled; styles, 2; nut, 1-celled, oval. Blossoms in April. Leaves alternate, alternately crenate-pinnatifid, revolute, ciliate; resembling those of the spleenwort (asplenium); hence the specific name. Shrub very branching; branches reddish; recent ones pubescent. The engraving represents a small branch of one summer's growth.

Medicinal Properties.—It is classed with astringents by Linnæus, and is considered aromatic, astringent and stomachic by Jussieu. Drs. Barton and Bigelow ascribe to it astringent and tonic properties. It has frequently been used with very happy effect in cases of diarrhœa and of general debility; and the decoction, as a fomentation in rheumatism. In cholera infantum it has, also, been much used. Dr. Barton, in his "Vegetable Materia Medica," says "the decoction sweetened forms an extremely grateful drink for children in the summer complaint, and from its moderate astringency and bracing and tonic effect on the bowels, it will always be found to be an useful auxiliary in the treatment of this disease. I gave it, last summer, to one of my



children, in this complaint, and with encouraging success." Shæpf ascribes to it still other virtues.* Recently it has been gaining considerable celebrity as an anthelmintic; especially has it been supposed to be an useful remedy when properly directed for the removal of the *tænia*. The following is in favor of the supposition.

Case.—Mr. I. F., of U., æt. 35, formerly a merchant in Boston, had for many years been attended with symptoms peculiar to worm cases, and for twenty years past had voided, from time to time, portions of a tape-worm, some of them measuring several feet in length.† He had tried the remedies usually prescribed in similar cases, having gone quite through the catalogue of medicines denominated anthelmintics, but all to little purpose, as portions only of the worm could be got rid of. After he went to reside in the country in 1840, the *Comptonia* was recommended to him by some friend or neighbor; and he determined to give it a trial. He used it, therefore, in the form of a strong decoction or infusion, drinking large quantities daily for several days, then stopping its use for a short time and taking a brisk cathartic in the interval. This process he often repeated, and generally succeeded in removing a greater or smaller number of joints at each effort. One morning in July, 1840, he called to me from his door, saying he had something to show me. I walked to his house, and there found the troublesome animal exposed to view. It appeared of such enormous length that I at once proposed to take the measure of it; and the gentleman complying and lending his assistance, we found it to be forty-two feet long. Mr. F. had, for two or three weeks previous, been taking the sweet fern tea in larger quantities than usual, and the evening preceding the expulsion of the worm, he took an active purge. During the cathartic operation he discovered that the *tænia* was slowly passing, and for fear of its breaking off at one of the joints as it had done on all former, like occasions, waited patiently, sitting upon the stool nearly two hours, occasionally making very gentle effort till it passed; and an examination of the smaller extremity proved that we had now before us the *whole* "beast with its hydra heads," fairly vanquished.

It was the *tænia osculis marginalibus* (*tænia solium* of Dr. Good—*lumbicus cucurbitinus* of Dr. Heberden), the oscula being placed on the margin of the joints.

After this worm was expelled, the peculiar symptoms that had attended Mr. F. disappeared, and health returned.

Remarks.—Might not the *Comptonia* be serviceable in cases of alvine worms of every species, by stimulating the mucous coat of the stomach and intestines to a healthy action, by means of its peculiar tonic and astringent qualities, though it may have no *specific* action on the worms themselves? It is well known that the lining membrane of the alimentary canal, in individuals most afflicted with these animals, is in a relaxed and vapid condition, and of course, its secretion vitiated; hence it would seem that one important end to be gained in the treatment would be to restore to that membrane its proper tone. As there appears to be a disposition in the alvine canal of some persons, children especially, to cherish

* Shæpf, *Materia Medica*, p. 142.

† Reference is made to this case in the "Medical Miscellany" of the Boston Medical and Surgical Journal, Vol. XXII., p. 418.

worms, owing, no doubt, to an altered secretion, this remedy might prove salutary by preventing their re-accumulation after a number of them has been expelled.

E. G. WHEELER.

Providence, October, 1841.

FEMALE ACCOUCHEURS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Will you allow me to occupy a small space in your pages, with a subject in which I have been very much interested from the commencement of my professional career. It is the practice of midwifery by females. Every enlightened physician will cheerfully favor this proposition, if females can be found properly qualified by knowledge, and well adapted by character, for the performance of the duties of a midwife. That females may be found capable of being qualified, there cannot be any doubt, at least for the management of all cases which do not require instrumental aid. Having attended the Hospitals la Maternité and la Clinique at Paris, for several weeks, I have had a good opportunity to judge of the capabilities of the *Sages Femmes*, who were connected with these institutions, and to know that they were qualified to conduct and did conduct almost every case, while I was in attendance. In this country, of course, the same facilities for instruction cannot be had by females, as are had by the midwives of Paris. But, the same facilities can be had by them here, which are possessed by most of our medical students, and indeed greater advantages for a practical knowledge of the art, which it is unnecessary to speak of especially.

If, then, it is admitted that females can be properly qualified for the performance of the duties of midwifery, the propriety of entrusting them with these duties will not be questioned. Of course, when accidents occur, or when any of the diseases arise consequent to labor, the immediate advice of a physician would be required. The occurrence of accidents, and the development of disease, however, are very rare. They are as likely to occur in a case in the charge of a physician, as in one in the charge of a midwife.

In order to have skilful, intelligent and trustworthy midwives, they should receive instruction from a physician, and have their qualifications certified by him. In our city there are many women of good intelligence and of excellent character, engaged in the duties of *nursing*. This class of women are well known to the physicians, and they, almost universally, would be pronounced by them to be capable of acquiring by study a good, practical knowledge of the art of midwifery.

To promote the great object set forth in this paper, I am confident that every physician of refinement and dignity would furnish such aid as he might be capable of giving. Motives of pecuniary gain would not be allowed to influence such men. I am proud to say, that in our city, such is the character of the gentlemen in the practice of medicine, that a class of females who should engage to qualify themselves thoroughly for the duties of midwifery, would have their cheerful aid and encouragement.

My intention in this paper being only to call the attention of the profession, especially in our city, to the subject, I will leave it for the present without further discussion. I shall take occasion soon to make some propositions to carry out the proposed plan.

G. D.

Boston, Dec. 23, 1841.

DRS. CARPENTER AND PAINE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It has been stated, I think, in your Journal, as well as elsewhere, that Dr. Paine, of New York, had detected Dr. William B. Carpenter, the learned and distinguished physiologist, of Bristol, in England, of gross plagiarism, viz.: of taking passages from the works of the Rev. Dr. Channing and publishing them as his own. I have never read Dr. Paine's pamphlet in which this charge is said to be contained, but I believe my statement is correct. The opinion I had formed on the subject will appear from the following paragraph.

I lately had occasion to talk with a personal friend of Dr. Paine's on this subject, and then said in substance, that I had great confidence in Dr. Paine's character for integrity, and did not doubt that he believed his statements to be correct; but that, without investigating the matter, I must believe there was some error in the case. This I founded on the high character of Dr. Carpenter. My opinion of Dr. C. was founded, in part, on what I had heard of him, from those who know him personally, and in part on his writings. It is, I think, impossible to read Dr. C.'s writings without perceiving in his mind that holy regard for truth which is inconsistent with the conduct charged on him. With this view of the case, I loaned to Dr. P.'s friend, above referred to, Dr. Carpenter's Comparative Physiology, as the best way of vindicating his reputation until something more should be heard on the subject.

I have now received from Dr. Carpenter the paper which I enclose, and which I beg you to copy in the next number of your Journal.

December 23, 1841.

I am your obedient servant,

J. JACKSON.

Copy of a Letter from DR. W. B. CARPENTER, of Bristol (England), to PROF. DUNGLISON, of Philadelphia, in reference to certain charges made against the former, by DR. MARTYN PAINE, Professor of the Institutes of Medicine in the University of New York, in his "Examination of Reviews, &c."

Bristol, Nov. 16, 1841.

MY DEAR SIR,—

Having just received from Dr. Paine a copy of his "Examination" of the Critique on his Medical and Physiological Commentaries, which appeared in the April No. of the British and Foreign Medical Review, I find, to my great surprise, that Dr. P. has thought himself justified—not only in singling me out as the author of it, and in animadverting upon what he considers to be its misrepresentations, as if they were mine

(thereby attempting to make that a matter of personal discussion between us, for which the Editor of the Review holds himself responsible)—but also in fixing upon me a charge of literary plagiarism, which is calculated, if I allow it to remain uncontradicted, to do great injury to my personal as well as to my scientific character.

Before going further, I must express my astonishment that any person holding the position which Dr. Paine occupies, should commit himself to so grave a charge against an individual, to whose discredit he *knows* nothing, upon evidence so flimsy as that which he adduces;—especially as he must have been aware that, from the distance of the accused party, his defence could not be laid before the public until many months should have elapsed since its publication, during which time an injurious impression would have been formed not easily to be eradicated. And I think that I have further a just right to complain, that Dr. Paine's inculpation of me is not confined to surmise; but that, after he has proved his point to his own satisfaction, he has taken it for granted, and, throughout the latter part of his pamphlet, has continually coupled my name with the accusation of gross plagiary.

The evidence which Dr. P. adduces in support of the charge, is briefly the following:—Having made up his mind, from certain coincidences of opinion and expression, between the Critique on his Commentaries and my Principles of Physiology, that I must be the writer of the former, he has searched in previous Nos. of the same Review for articles written, as he imagines, by the same author. In this search he thinks himself assisted by references occasionally made from one article to another—the complete fallacy of which kind of evidence is exposed in Dr. Forbes's letter. Upon the same evidence, I must have been the reviewer of my own work; and I am not certain whether Dr. P. does not mean to insinuate as much. Any person, however, who carefully reads that review, which I did not see until it was in print, may find abundant evidence of the absurdity of such an idea. With respect to the other chief source of Dr. P.'s evidence—coincidence in opinion, and in the mode of expressing it—I will only say that Dr. P. shows great ignorance of the state of physiological science in this country, if he imagines that the opinions expressed in my Principles, on the subjects alluded to, are at all peculiar to myself; and it is very natural that one writer should almost unconsciously adopt the phraseology of another who has recently treated of the same questions, when desiring to express the same ideas.

So much for the evidence on which Dr. P.'s charge is founded. I have thus examined it, merely to show how unjustifiable it was in Dr. P. to charge me with the perpetration of a gross literary theft, upon no better grounds. The charge itself—that in a review of Hunter on the Blood, in a former volume of the same Journal, I unceremoniously adapted certain passages from Dr. Channing's Essay on Milton, to a very different purpose—is very easily disposed of. *I did not write that review.* To those who know me, my simple denial would, I am confident, be amply sufficient; but for the satisfaction of Dr. Paine, who, in his ignorance of my character, may think me as capable of asserting a falsehood, as of stealing a paragraph, I enclose a note from Dr. Forbes confirmatory of my assertion.

Dr. Paine considers that his identification of me with the plagiarist is triumphantly confirmed, by a correspondence which he imagines that he has detected between certain passages in my *Principles of Physiology*, and others which he has selected from Dr. Channing's Sermons. I am myself completely at a loss to discover this correspondence; and my friends here find it equally difficult. The falsity of this charge is as easily proved as that of the other: for *I have never* (I speak it almost with shame) *read the Sermons* from which Dr. P. quotes. The ideas which I have expressed, have so long been familiar to my mind, that I cannot imagine that they involve anything peculiarly *Channing-ian*. If any correspondence do exist, it is easily accounted for by the fact, that I received my education from one, who was for many years the respected and attached friend of that illustrious man, and whose mind, cast in the same mould with his, impressed mine with those habits of thought, which have led to whatever similarity may present itself between our published opinions.

In regard to Dr. Paine's criticisms upon the scientific opinions I have expressed in my *Principles of Physiology*, I shall not now offer any remarks; nor do I intend to take up the gauntlet from an opponent who has shown himself so destitute of judgment and of good feeling. Of the merits of our respective productions I am quite content to leave the public to judge.

Having few means of placing my statement before the medical public of America, save through your mediation, I take the liberty of so far trespassing on your kindness, as to request you to gain insertion for it in such Journals as may give it a circulation equal to that of Dr. Paine's calumnious charges against me.

Believe me to remain, dear sir, respectfully and sincerely yours,

WILLIAM B. CARPENTER.

[Dr. Forbes's letter, referred to above, as it is intended merely to confirm Dr. Carpenter's statement, is omitted.]

DR. COMSTOCK ON THE PATHOLOGY OF FEVER.—ESSAY VIII.

DEATH FROM THE PRICK OF A PIN.

It is curious to perceive how soon a new disease, when it is first described in any one part of the world, is recognized in every other part—and this in maladies which never were known anywhere as epidemics, and even in those which are caused by accidents. Whether this is owing to certain modes, habits, new articles of food, or old articles becoming deteriorated, all which may extensively occur, or to atmospheric changes, it may be difficult to decide. Or, again, are the accounts of new phenomena of this kind owing to the greater accuracy of observation in the moderns over the ancients? nothing being more common than for thousands to see what one man has discovered, but to which they would have remained forever blind had it not been shown them. In Dr. Good's last edition of "The Study of Medicine," issued from the press so lately as 1825, are ten or a dozen descriptions of diseases claimed to be "*strictly original*"*

* See Advertisement to his second edition, p. 8.

—cases of all which may, we believe, be found described in subsequent periodicals, as having been seen in various parts of the Old and New World. Of these, that which has impressed us as the most striking, is Erythema Anatomicum. Whether from the very slight cause from which it arises, its great liability to be incurred, its often ending in death, and the more than deathly sufferings which it entails on the afflicted, if he survives—as also its being accompanied with typhus fever, in which point of view it falls directly within the scope of our observations, it is exceedingly interesting.

We have, in our former Essays, adverted to the great rapidity with which causes producing fever sometimes act. And this celerity will be found as remarkable in the disease under consideration, perhaps more so, than in any other. In the fatal case of Dr. Cumming, related by Dr. Good, the local effects were felt in *about eight hours*. A restless night was passed—towards morning a severe rigor was experienced, succeeded by pyrexia, and death on the eleventh day. The injury received, if any, was so very slight that the doctor was not sensible of it. He was present at the dissection of a corpse, in which he took no part, and merely threaded a needle for others to sew up the body. Nor was he sensible of a pimple or scratch on his fingers, or of puncturing it in threading the needle. His first uneasy sensation was felt in the middle finger of the left hand, at the inflexion of the first joint, where, upon examination, was found a small, angry pimple. That there was something more than the mechanical injury, and that some virus was received from the corpse, in which death had been occasioned by puerperal fever, must be admitted. And this receives confirmation from the fact that a young woman who washed a towel which was used about the body, instead of a sponge, and who scratched her finger with a pin which was left in it, received the same disorder in an alarming degree, but finally recovered.

In the case which we are about to relate there was no dead body. But the patient pricked the middle finger of her right hand, at the inside middle flexure of the joint, with a pin left in a cloth which was used in fastening poultices to the feet of a young woman in scarlet fever, and which she was washing. She was a healthy, portly woman, of the African race, married, aged 62. This was on Saturday, Nov. 28th, 1840. Uneasiness, restlessness and wakefulness, occurred the same night, with pain in the finger. I saw her first on the Tuesday succeeding; found her with a tongue completely coated, white, the pile long; pulse quick and feeble, indeed with complete typhus fever. Pain extreme in the finger, which was very much swollen, as well as the back of the hand. But there was not at this time, nor at any time succeeding, any glandular swelling of the axilla. The affection seemed principally confined to the injured part, so far as it was local, for the first fortnight; and appearances at one time seemed favorable to its ending locally, as about the seventh day matter appeared between the injured finger and the one next to it. It was yellow and looked well to the eye, except an air-bubble, which is never seen in matter really healthy. The smell was offensive, the discharge rather copious. Arm and finger very much swollen, and not much diminished by the discharge. The pain continued pretty much

about the injured finger and arm, till the fourteenth day from the accident, when pain and swelling commenced over the ribs of the right side, and subsequently extended to the hip. These parts, by the early application of blisters, were prevented from suppuration. But three days afterwards, being the twentieth from receiving the puncture, the disposition of the swelling to wander over the body was strangely evinced by her bowels being swollen as much as in an extreme case of ascites. Diuretics were accordingly used. The next day the pain left the finger, and severely affected the left side. The discharge from the finger was rather copious, and the swelling of the arm somewhat diminished. On the back of the finger a sinus had formed an inch long, one third of an inch wide, and about the fourth of an inch deep, beginning at the knuckle joint. She can only be kept comfortable by large and repeated opiates.

On the 22d of Dec., the abdominal swelling having abated, an immense tumefaction was discoverable in the glutei muscles of the side opposite to the injury. It was as large as a large plate, and hard as a board, involving the hip of the same side. It burst just five weeks from the prick of the pin, and discharged, as nearly as could be ascertained, from a quart to three pints at first, and continued to discharge, with another orifice which afterwards opened, to nearly the close of her life. She died Feb. 24th, ninety days after the accident, worn out with fever and universal irritation, and weakened with purulent discharges.

Of the universal irritation, it may be well to remark, that every joint seemed to partake of it, as was evinced by her screeches when she was moved, which I observed that her attendants did very cautiously, and in a blanket. I was careful not to diminish the discharge from the injured finger, for I repeatedly observed, that if it diminished, either fever, pain, or a disposition to a new swelling, was the consequence.

This case differs from erythema anatomicum, as described by Dr. Good, as he decidedly makes that disease to affect the glands of the armpit, and not to have much if any affection complained of in the part which was punctured. It is therefore doubtful whether this colored woman's having received the wound whilst washing the bandages of the girl who had scarlatina had anything to do in aggravating the case. And yet from its strange and eccentric symptoms, I should incline to think it did. For the evidence adduced by Dr. Good fully goes to prove, contrary to M. Magendie's opinion, that there was no putrefaction in those bodies from whence the disease was contracted; neither in the several cases which he gives in detail, nor in ten others of which he received an account from various sources afterwards, but too late for insertion.

A peculiarity of existing fault in the habit has been resorted to in order to account for such very serious effects from trivial causes. And this seems to be Sir Astley Cooper's view, when he relates that few or none of the young men have any similar affections when they arrive at the hospitals in the fall; but that after their frequent intercourse with the wards and stay till spring, they become liable to them. This is directly the reverse of that state of constitution which is most obnoxious to yellow fever, which, as we learn from all quarters, is most apt to seize upon new-comers upon their first arrival. We are on the whole inclined to

agree with Dr. Good, that the malady cannot, in most instances, be traced to any existing previous vice in the habit. Nor can it in all cases be referred to any contamination derived from either living or dead bodies.

A few years past, Capt. H., a hale healthy-looking man, was shelling Indian corn with his hands, when he perceived a slight excoriation inside of one of his fingers. From that time the finger became swollen and painful, involving the hand and arm, which became gangrenous, and was amputated. Here it was hoped the disease would end. But the other hand and arm, without any lesion, became similarly affected, and his surgeon announced to him that he must lose it also. This he refused, saying he had rather go altogether, and he died.*

Erysipelatous inflammation has the migratory tendency which we perceive in the case of the colored woman. Now erysipelas is a frequent affection of the skin, but seldom of the cellular substance. But the peculiarity of *erythema anatomicum* is, that it has a tendency to seize on and spread about the latter; and also, as we should infer, to seriously injure, and where life is prolonged, to totally destroy the capsular ligaments of the joints.† A melancholy case of this is narrated by the sufferer of this malady, who lost the testicle of the affected side, and had a contraction of the arm, shoulder, and knee-joint, with the loss of general health, whilst the disease was unsubdued, and continued to progress.

Physiology and pathology have thrown more light upon anatomy than they have ever received from it; no anatomist ever yet having been able to tell the symptoms which accompanied a disease, by post-mortem inspection only. The physiologist and pathologist, however, have been enabled to indicate the affected viscera and tissues, by the signs and symptoms of the sick patient. The seats of excruciating pain, as of the forehead, the limbs, the ear, the eye, and the joints, seldom leave any traces in the dead body. But examinations of this kind are always important, as they serve to point us in other directions to look for them, and sometimes to shed light upon the mysterious principle of sympathy; and we were forcibly impressed with the interesting points of pathology which they may ultimately develop, when we lately noticed a case in which the internal viscera of the dead appeared as had the tongue when living—*covered with a white fur*.

It being now well ascertained that inoculation with a particle of matter from a dead body, can produce typhus fever, with that peculiar train of distressing symptoms dependent upon erythema anatomicum, it is a just inference to draw, corroborated by facts, that certain slight mechanical injuries will sometimes induce the same kind of erysipelatous inflammation. We do not suppose that there is the difference here which at first sight appears. In those instances where the fever, and other affections, begin with a mechanical injury, we are of opinion that an effusion and subsequent deterioration of a small quantity of matter ensues; in fact, that what was just before a part of the living body, is extravasated and dies, and has the same ultimate effects as if it had been received by the prick of a needle, which had been used in sewing up, or a knife which had

* We did not attend Capt. H., but had the particulars from his surgeon.

† See Dr. Good's note to his advertisement, 2d edition.

been used in cutting, a dead body. And what a glare of light this throws, when the frequency of spontaneous effusion and extravasation is considered, upon the cause of typhus, and all other fevers, every medical man will at once perceive. The pathology of locked-jaw is deducible from the premises herein embraced, which the medical scholar cannot fail to appreciate. But as we are more particularly engaged upon the pathology of fever, we forbear deviating into other paths.

How difficult a matter it is to discover the real nature, and to define the real presence, of fever, may be inferred from the various and conflicting opinions of physicians in all ages. That all fevers depend upon an inflammatory affection of some viscus, is not a new opinion, as it is mentioned by Senac, physician to Louis XV. Dr. Senac died in 1770; and if he did not originate the almost universal use of the lancet, he certainly used it as extensively as any one of whom we have any account, either before or since his time. He would even bleed in the profuse sweats which sometimes succeed intermittent fever,* as well also when it was malignant as when it was mild, and "in severe gripings or spasms of the stomach or intestines."[†]

His attachment to the free and frequent use of emetics was as great as to venesection. It was a remark of his, that in some seasons, and in some local situations, the bark will not cure intermittents, but does more hurt than good. We respond to this opinion of his, but believe it may be obviated by combining it with mild aperients, diuretics and sudorifics; such as an equal quantity of the cream of tartar, with each dose of bark, to be washed down with a pint of warm sage tea, or vinegar whey. The cream of tartar proves gently laxative and diuretic, and the potion to be drank after it throws open the pores. Bark is deleterious if any one of the natural excretions is deficient; or if there be congestion, inflammation or pain. In such states of the system it adds "*fire to fire*." Senac's method of preventing the cold fit by the exhibition of five or six pounds of light tepid herb-tea, merits notice; as it may be more extensively employed than in intermittents.

The opinion of Senac, that when emetics are omitted, in intermittents, their cure becomes stubborn and protracted, may be with propriety applied to other fevers. And that these difficulties can only be overcome by resorting to them in their advanced stages, when they have been previously neglected, is consonant to reiterated experience. Although Senac was so great an advocate for the use of the lancet, he displays his candor by stating that the King of Spain, and others, have lost their lives by bloodletting. We have, in a former publication, expressed our own opinion that General Washington fell a victim to too great a loss of blood; having repeatedly experienced that in throat affections, inflammation of that part, even when seemingly as intense as that of the thoracic and abdominal viscera, will not bear so well that evacuation. Emetics, especially of powdered mustard seed, and gargles of the same, however we may account for it, seem more safe and salutary. Our own theory is that mucous congestion constitutes a primary feature of croup and swelled

* See his *Treatise on the Hidden Nature and the Treatment of Intermittent and Remitting Fevers*, translated from the Latin, by Charles Caldwell, M.D., p. 278.

† lb. 284.

throat, and hence that it is rather mucus than blood that needs removing. Who ever cured a case of croup without witnessing copious ejections of mucus, either by vomiting or expectoration? Hence the *rationale* of giving seneka, squills, calomel, tartar emetic, and mustard.

Of relapses in fevers it remains to say something. Some have observed that these are most apt to occur at weekly periods, and assign as a reason that a week is the fourth of a lunation, and lay the blame to the moon. The hebdomadal division of time, pointing to a weekly day of rest, has been supposed by others to influence diseases. We have heard, and have known something, of Sunday headache; but have never suspected that the phases of the moon, or the recurrence of the Sabbath, had any unpropitious effect upon fevers. Relapses have appeared to us to be subject to a renewal of those causes which produced the original fever, in a few instances; but in far the greater number to have been produced by either cold, cloudy, damp, or stormy weather, which will undeniably give rise to them when the most cautious care has been taken; as will also the occurrence of extreme cold after a pleasant season, or of very high winds after a calm and serene atmosphere. Eating improper food, or too much of that which is proper—changing the apartment of the sick, even for one seemingly more eligible—sitting up too long—walking out too soon—too many visitors, or too long visits—bad news—cutting the hair, and shaving the beard—have all sometimes occasioned relapses. The period of recovery calls for more care and circumspection than any other. It is that era when, if an inch be given an ell will be taken, and ever causes us more solicitude than any other stage. We have already noticed that relapses in bilious fevers are apt to occur from insufficient evacuations of the first passages. And to the same insufficiency must be referred the serious occurrence of jaundice or dropsy, and sometimes of both. A white substance settling in the urine, whether flocculous or granular, denotes a favorable crisis, and may be considered a test of a well-cleared *prima viæ*. But if the urine exhibits a red or yellow, homogeneous appearance, further evacuations are called for. When we consider what vast functional disturbance may arise from so slight a quantity of fluid as causes anatomic erythema, and that spontaneous extrusions of a fluid are to be suspected as giving rise to effects somewhat similar, we have a clue to many of the phenomena of fever before unaccountable; such as wandering pains, affections of the joints, loss of motion in a limb or limbs, disordered stomach and bowels, swellings, and brain affections, all which we have known to succeed fever, and which we can more easily describe than cure. But the cause of many of these symptoms we feel now inclined to refer to erysipelatos inflammation of the cellular substance and serous membranes. The wandering disposition of inflammation of this kind, strikingly distinguishes it from phlegmonic inflammation. In Nancy Brewster's case, which we have related, this affection seemed at one time to threaten her brain, as her face became swollen, and she was slightly delirious. But the immense swelling of the glutei muscles and hip, and the copious discharge, which from first to last could not be estimated at less than a gallon, probably averted the termination to her head. Such disastrous consequences, ending in death, and proceeding from the prick of a pin, we

were about to remark further upon, but the unexpected length to which we have already extended our remarks warns us that it is time to close.

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BOSTON, JANUARY 5, 1842.

ALBANY MEDICAL COLLEGE.

AMONG the many flattering civilities recently rendered by the Albanians to their Boston guests, nothing, say the medical gentlemen who were so fortunate as to be there, afforded them more gratification than their courteous reception at the Medical Institution. It is greatly to be regretted that more of the visitors were not able to avail themselves of this opportunity. But the hospitality which was shown, and the number and variety of other attractions, permitted but comparatively a few to visit this (in our opinion) greatest attraction of all. The museum of the Institution, owing to the well-bestowed liberality of the State, and the intelligence and enterprise of the Professors, although it dates its origin only to a very few years since, may already safely challenge any similar institution in the Union. Accurate illustrations of the various diseases incident to the human body have with great labor and cost been prepared and appropriately arranged. Our attention was more particularly attracted to the magnificent wax and *papier maché* preparations, which have just been added to the collection. Even the unprofessional spectator could not but be struck with the extraordinary skill and beauty with which they had been made. To the physician and medical student, they are invaluable; and when the explanations which we are informed are to accompany them are finished, it is certain that in its pathological department, the Albany Medical Museum will be the best endowed in the United States.

Through the kindness of Professor Armsby, the medical part of the company were allowed to examine a most perfect set of illustrations of the impregnated uterus, recently added to the museum. They are made of *papier maché*, and represent, with most astonishing minuteness, the various stages of pregnancy, from that of ten days' duration to the full time. Beautiful examples of ovarian and tubal pregnancy were also shown to us, executed in the same faithful manner. In every department of the Institution the industry and intelligence of the Professors were discernible. Albany may well be proud of them, for to their efforts is mainly due the high character which the College holds. It is gratifying to know that a large and increasing number of students attest that these efforts are properly appreciated.

Through the kindness of Prof. McNaughton, a part of the members were enabled to visit the Academy now under the superintendence of the accomplished Dr. Beck, author of the great work on Medical Jurisprudence.

Neither our limits nor the patience of our readers will allow us to prolong this sketch; we will therefore close with simply enjoining it upon all physicians and medical students who may happen to be in that city, not to leave the place without visiting its museum.

Notwithstanding a sentiment that is going its rounds in the papers, purporting to have been given by the editor of this Journal, at the late celebration in Albany, we regret to say that we were not present on the interesting occasion. If the article alluded to possessed either wit or common sense, we should hardly think it worth while to make this disclaimer. The attentions which our medical neighbors received from the profession of Albany, has excited a desire which we hope before long to gratify, viz., to visit their admirably-managed medical Institution in person.

Death of Luke Howe, M.D., President of the Medical Society of New Hampshire.—With the utmost surprise, we perceive in the papers the melancholy announcement of the death of this eminent man, at the age of 50. Within two or three weeks he called upon us, in the apparent enjoyment of perfect health. Knowing nothing of the particulars which led to this unlooked-for event, we wait with impatience a detailed narrative from some of his many friends. As a writer, Dr. H. was eminently practical; and as a surgeon and medical counsellor, he had few equals. Many articles from his experienced pen are interspersed through the volumes of this Journal, and evince the soundness of his views, his judgment, skill, and Christian benevolence of character. In the death of Dr. Howe, New Hampshire has lost a citizen who was an honor to the State, and the medical profession a member who was a pillar in the temple of American science.

Dr. Howe was engaged, at the time of his late visit to us, in preparing for our pages the results of his extensive inquiries and observation on the subject of the "minister's ail." Circulars were sent by him, a year or two since, to several hundred clergymen in New Hampshire and other neighboring States, soliciting information both in regard to this disease and to certain habits which were thought to have an influence upon it. He had been quite successful, he informed us, in the number of answers he had received, and an address before the New Hampshire Medical Society was devoted to the subject. Whether the article was in such progress at the time of his death, that it may yet appear in the Journal, we of course are at present unable to say. It is hoped, however, that the facts which have been collected with so much praiseworthy exertion, will not be lost to the public.

Dr. Howe's various surgical apparatus have been often referred to in the Journal. They were exhibited at the late Fair in this city, and a silver medal was awarded Dr. H.

Embalming the Dead.—Drs. E. and A. Parsons, at No. 3 Winter-street place, have sent a circular to the medical profession in Boston, saying they "have established themselves in this city, with the intent to practise the art of embalming or preserving, for a longer or shorter period, the bodies of those deceased whose relics their friends may wish kept from decay." This is a new thing under the sun, in this section of the world. We think, however, that these gentlemen are well qualified to accomplish what they promise. In France, the act of embalming distinguished persons is customary. The bodies of many celebrated individuals known to us on the page of history, although many years dead, appear as though they were only in a quiet slumber. The natural tendency to decomposition is seasonably arrested—and it is not at all improbable that their bodies may be preserved for centuries to come.

Class-book of Anatomy.—This publication, prepared for the purpose of teaching youth of both sexes the principles of their own organization, and designed to be used in the higher class of schools and academies, having passed through six editions, Mr. Robert S. Davis, of this city, who has the copy-right, will issue a seventh edition soon. Several Colleges have adopted it as a text-book; and the prospect of a still more extensive sale warrants the publisher in giving the forthcoming edition a typographical finish that will command the approbation of all persons engaged in the labor of public instruction.

Geneva Medical College.—Dr. Hamilton's introductory, Dec. 3d, at Geneva, like all his efforts, is vigorous and appropriate to the occasion. Want of room compels us to forego either comments or extracts for the present.

Foreign Correspondence.—Prof. Dunglison will please accept our thanks for his promptness in forwarding a paper which was addressed to him from Europe. We had previously received a copy by the Liverpool Steamer, and also one from another source, and put it in type before his note was received.

Invention of the Operation for Strabismus.—We perceive that at a late meeting of the Academy of Medicine of Paris, M. Velpeau read an extract from a scientific work published in 1743, which gave an account of a mode of "straightening squinting eyes" practised by a Dr. T., at Rouen. His plan was, with a needleful of silk to take up a portion of the conjunctiva of the squinting eye towards the lower part of the globe; and having made a loop of the silk, he pulled up the portion of conjunctiva confined in it, and cut it off with scissors. He then put a plaster over the healthy eye, and the one that squinted became straight. M. Velpeau asked if this fact might not secure to France the honor of the discovery of the operation for strabismus.

Solution of Morphia.—We not unfrequently see prescriptions in which liq. morphie, mur. or liq. morphie acetat. is ordered. There is, however, no standard strength for these preparations.

Magendie, who is generally considered an authority on the subject, gives the following formulæ:—

"*Solution of Acetate of Morphine.*—Acetate of morphine, 16 grains; distilled water, 1 ounce; acetic acid, 3 or 4 drops; alcohol, 1 gros. The last two are added to keep the salt in solution.

"The dose is from 6 to 24 drops.

"*Solution of Sulphate of Morphine.*—There are some patients who cannot bear the acetate of morphine, but receive benefit from the use of the sulphate. In these cases a solution must be made similar to the preceding, only using the sulphate in the place of the acetate, and sulphuric acid instead of acetic."

The muriate of morphia is much more generally used in this country than the sulphate, and the solution may be made in a similar manner, omitting the muriatic acid, which in excess renders the morphia less soluble. But some chemists, as we are informed, prepare the solutions of

morphia in the proportions of 8 grains to the ounce, and others keep it the same strength as laudanum, which is about $4\frac{1}{2}$ grains to the ounce.

It is evident, therefore, that when these solutions are ordered, unless the strength is specified, there can be no security for their uniform preparation.

This subject is one which, among many others, demands the attention of the Pharmaceutical Society.—*Pharmaceutical Transactions*.

Glanders communicated by a Patient to his Attendant.—A patient was recently admitted to the hospital Necker, laboring under glanders. M. Rocher, one of the medical assistants, was much interested in the case, and paid much attention to it. After the death of the patient he conducted the autopsy, and held in his hands some of the parts, examining them at leisure. On the following night he was seized with shivering, and pain in various parts of his body: by the fifth day tumors were formed in the thigh and shoulder, the former of which suppurated. In three days more another similar tumor formed in the right foot. By the 14th day the lining membrane of the nostrils had become inflamed, with purulent discharge, and pustules formed on the head. He died on the 16th day. A horse was inoculated with some of the matter, and died of the disease. M. Rocher, so far as it could be ascertained, had no scratch or wound about his hands, by which he could have been inoculated, and is supposed to have taken the disease by imbibition, or by miasmatic infection.—*London Medical Gazette*.

Medical Miscellany.—The Transylvania Medical School, at Lexington, Ky., is said to be exceedingly flourishing. The present class is nearly as large as the most numerous class that ever assembled there, viz., 281, in the year 1825-6.—More flattering encouragement has been offered to the Western and Southern Medical Recorder, than the editor expected. No. 2, for December, is here.—A needle, accidentally swallowed by Mr. John Bridges, a solicitor, living near Islington (Eng.), when he was a boy, of 10—more than sixty years ago, made its appearance a little above the ankle not long since.—A malignant scarlet and typhus fevers are prevalent in London and the country about—proving sometimes fatal in an incredible short time. Some persons have died in few hours after the attack.

Number of deaths in Boston for the week ending Jan. 1, 33.—Males, 15; Females, 18. Stillborn, 1. Of consumption, 4—inflammation of the bowels, 1—old age, 3—croup, 1—paralytic, 1—convulsions, 1—scarlet fever, 9—infantile, 2—teething, 3—lung fever, 5—fits, 1—typhus fever, 2.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors for the First District and for the Society on Wednesday, the 26th day of January, 1842, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin place.

Boston, Dec. 27, 1841.

Jan 5—tm

JOHN JEFFRIES, Secretary of Censors.

VERMONT MEDICAL COLLEGE AT WOODSTOCK.

THE next annual course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by HENRY H. CHILDS, M.D.

Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.

General and Special Pathology, Materia Medica and Pharmacy, by ALONZO CLARK, M.D.

General, Special and Surgical Anatomy and Physiology, by BENJAMIN R. PALMER, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

Chemistry and Botany, by JOSEPH B. CLARKE, M.D.

Demonstrator of Anatomy, ORMON L. HUNTLEY, M.D.

Fees for the course, \$50. For those who have attended two full courses of lectures at a regular institution, \$10. Graduation fee, \$18. No matriculation fee is charged. Board, including room, fuel, lights, and washing, may be obtained in good families at from \$1.50 to \$2.50 per week.

Woodstock, January 1st, 1842.

Jan. 5.—3m

NORMAN WILLIAMS, Secretary.

UTERO-ABDOMINAL SUPPORTER.

THE subscriber having moved from No. 16 Howard street to No. 3 Winter street, will inform medical gentlemen that he still continues to manufacture his improved "CHAPIN'S Abdominal Supporter," and they can be furnished with this instrument (which has been found so useful in cases of prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani), from \$2.50 to \$7.00, according to the finish. Perineum straps (extra) at 75 cts. to \$1.00. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who recommend this instrument:—Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, G. B. Doane, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

The supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, to A. F. BARTLETT,

No. 3 Winter, corner of Washington st., Boston.

The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton & Co., Lowell; Joshua Durgin & Co., Portland, Me.

MEDICAL INSTRUCTION.

THE undersigned have united for the purpose of receiving students in medicine and affording them a complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

Occasional opportunities will be had for private practice in midwifery, surgery, &c., in one of the largest dispensaries of the city.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, and students may feel assured nothing will be wanting in this department.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, will be held weekly, under the superintendence of one of the instructors.

Gentlemen, previous to presenting themselves for their degrees, will be specially and minutely examined in the different branches with a view to their creditable appearance.

A regular course of instruction will be given as follows.

On Diseases of the Chest, and Midwifery, by	- - - - -	DR. BOWDITCH.
Materia Medica and Chemistry, by	- - - - -	DR. WILEY.
Theory and Practice of Medicine, by	- - - - -	DR. SHATTUCK.
Descriptive and Practical Anatomy and Surgery, by	- - - - -	DR. PARKMAN.

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O. 13—eoptf	H. I. BOWDITCH,	G. C. SHATTUCK, JR.
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THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—eoptf.

GEORGE W. OTIS, JR.

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye and Cooper's Cases; Scarificators, Catheters, Bongies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Ristouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

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D. 1.—6m

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

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